

**REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

I hereby revoke all previous powers of attorney given in the applications identified in Appendix A.

I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the applications identified in Appendix A, and to transact all business in the United States Patent and Trademark Office connected therewith:

CUSTOMER NUMBER: 20230

Please recognize or change the correspondence address for the applications identified in Appendix A to the address associated with:

CUSTOMER NUMBER: 20230

I am the:

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) is submitted herewith.

SIGNATURE OF ASSIGNEE OF RECORD

THE MEDICAL RESEARCH,
INFRASTRUCTURE AND HEALTH SERVICES
FUND OF THE TEL AVIV
MEDICAL CENTER

Signature _____ Date _____
Name _____ Telephone _____
Title and Company _____

Signatures of all assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.